

No. 8/176**BURIAL (OR REMOVAL) PERMIT**

Stub to be retained by officer issuing permit

Issued to John P. Roux -Name of Deceased Richard J. MarinoAge 33 years 1 months 5 daysPlace of death Ingen m PC Land South of Rt 9 + between Cordaville & BrounDate of death Feb 26 - 1976Cause of death Asphyxia by hanging, SuicideInterment at Evergreen Cemetery, NorthboroDate permit issued February 29, 1976Certified by Timothy P. Stone M. D.

R-309

No. 1-76**BURIAL (OR REMOVAL) PERMIT**

This coupon to be returned immediately, properly endorsed

to Agent: Board 07160000
(Office issuing permit)City or Town of Southborough Mass.Name of deceased Richard J. MarinoIf a U. S. War Veteran, specify what war, organization, etc.
No**ENDORSEMENT**

(To be filled in by cemetery or crematory official)

I hereby certify that the body accompanying this permit was disposed of in accordance with its terms

at Evergreen sec D, row A, 27
(Name of cemetery or crematory) (City or town)on March 2, 1976Certified by Henry J. Vaillancourt, Supt.
(Signature of Superintendent, cemetery or crematory)

If there is no officer in charge, undertaker should sign and return this stub.

No. 2/76**BURIAL (OR REMOVAL) PERMIT***Stub to be retained by officer issuing permit*Issued to Frank J. WatermanName of Deceased Hester Lawrence DayAge 81 years 10 months 27 daysPlace of death 9 Parkerville Rd SouthboroDate of death March 1 - 1976
Arteriosclerotic Heart Disease - 2 yrsCause of death Cerebral Thrombosis
5 daysInterment at Rural Cemetery - SouthboroDate permit issued March 2, 1976Certified by Timothy P. Stone M. D.No. 3/76**BURIAL (OR REMOVAL) PERMIT***This coupon to be returned immediately, properly endorsed*to Agent - Board P. Hester
(Office issuing permit)City or Town of Southboro Mass.Name of deceased Hester Lawrence Day
U. S. War Veteran, specify what war, organization, etc.**ENDORSEMENT***(To be filled in by cemetery or crematory official)*I hereby certify that the body accompanying this permit was
used of in accordance with its termsRural Cemetery Southboro
(Name of cemetery or crematory) (City or town)March 3 - 1976 3:37 PMSigned by Timothy P. Stone
(Signature of Superintendent, cemetery or crematory)

If there is no officer in charge, undertaker should sign and return this stub.

No. 3/76**BURIAL (OR REMOVAL) PERMIT***Stub to be retained by officer issuing permit*Issued to Donald C MorrisName of Deceased Howard Lincoln PaysonAge 68 years 8 months 3 daysPlace of death 15 Bagelow Rd - SouthboroughDate of death May 18, 1976Cause of death Carcinoma, left lung
Squamous cellInterment at Rural Crematory - Worcester
MassDate permit issued May 19, 1976Certified by Timothy P. Stone M. D.

09

No.

BURIAL (OR REMOVAL) PERMIT*This coupon to be returned immediately, properly endorsed*to Agent - Board of Health
(Office issuing permit)City or Town of Southborough Mass.Name of deceased Howard Lincoln Payson

U. S. War Veteran, specify what war, organization, etc.

None**ENDORSEMENT***(To be filled in by cemetery or crematory official)*I hereby certify that the body accompanying this permit was
disposed of in accordance with its termsRURAL CEMETERY CREMATORY, WORCESTER, MASS.

(Name of cemetery or crematory)

(City or town)

MAY 21 1976Certified by Arthur T. Scanlon Jr.
(Signature of Superintendent, cemetery or crematory)

If there is no officer in charge, undertaker should sign and return this stub.

No. 4/76**BURIAL (OR REMOVAL) PERMIT***Stub to be retained by officer issuing permit*Issued to Richard P. CaldwellName of Deceased Melvin James - Baker - LittleAge 65 years months daysPlace of death 110 Marlboro Rd, SouthboroDate of death June 8, 1976Cause of death Dehydration, Carcinoma of ProstateInterment at Evergreen Cemetery, MarlboroDate permit issued June 11, 1976Certified by John D. Nicholson M. D.No. 4/76**BURIAL (OR REMOVAL) PERMIT***This coupon to be returned immediately, properly endorsed*to Agent - Board of Health
(Office issuing permit)City or Town of Southboro Mass.Name of deceased Melvin James Baker LittleIf a U. S. War Veteran, specify what war, organization, etc.
_____**ENDORSEMENT***(To be filled in by cemetery or crematory official)*

I hereby certify that the body accompanying this permit was disposed of in accordance with its terms

Evergreen sec C, lot 192

(Name of cemetery or crematory)

(City or town)

June 11, 1976Certified by Henry J. Vaillancourt Sec't.
(Signature of Superintendent, cemetery or crematory)

If there is no officer in charge, undertaker should sign and return this stub.

No. 5/76

No.

BURIAL (OR REMOVAL) PERMIT*Stub to be retained by officer issuing permit*Issued to Donald C MorrisName of Deceased William R. CameronAge 62 years 4 months 11 daysPlace of death 185 Middle Rd, Southboro.Date of death July 23, 1976Cause of death Chronic Obstructive Pulm.
DisianeInterment at Knollwood Mem. Park,
Canton, MassDate permit issued July 26, 1976Certified by Jimothy P. Stou M. D.**BURIAL (OR REMOVAL) PERMIT***This coupon to be returned immediately, properly endorsed*to Agcy - Board of Health
(Office issuing permit)or Town of Southborough, Mass.e of deceased William R. Cameron

U. S. War Veteran, specify what war, organization, etc.

None**ENDORSEMENT***(To be filled in by cemetery or crematory official)*I hereby certify that the body accompanying this permit was
received in accordance with its termsSharon Memorial Park, Sharon

(Name of cemetery or crematory)

(City or town)

7/27/76Signed by U. Brown, Admin.
(Signature of Superintendent, cemetery or crematory)

If there is no officer in charge, undertaker should sign and return this stub.

No. 6/76**BURIAL (OR REMOVAL) PERMIT***Stub to be retained by officer issuing permit*Issued to Frank S. WatermanName of Deceased Carl Frederick WyckstromAge 74 years 7 months 22 daysPlace of death 81 Southville Rd. SouthboroDate of death October 23, 1976Cause of death Metastatic Carcinoma of ProstateInterment at Rural Cemetery - SouthboroDate permit issued October 25, 1976Certified by Timothy P. Stone M. D.

309

No.

BURIAL (OR REMOVAL) PERMIT*This coupon to be returned immediately, properly endorsed*to Agent - Board of Health
(Office issuing permit)City or Town of Southborough Mass.Name of deceased Carl Frederick WyckstromIs a U. S. War Veteran, specify what war, organization, etc.
ENDORSEMENT*(To be filled in by cemetery or crematory official)*I hereby certify that the body accompanying this permit was
disposed of in accordance with its termsRural Cemetery Southboro
(Name of cemetery or crematory) (City or town)October 26 - 1976 - 11:00 AMCertified by For Burial - Supt.
(Signature of Superintendent, cemetery or crematory)

If there is no officer in charge, undertaker should sign and return this stub.

No. 2-11**BURIAL (OR REMOVAL) PERMIT***Stub to be retained by officer issuing permit*Issued to Robert P. NortonName of Deceased John Mackie MelneAge 63 years 2 months 28 daysPlace of death 23 Walnut Drive - SouthboroDate of death March 20, 1977Cause of death Metastatic, malignant, melanoma of the liver. Malignant melanoma of the eye.Interment at Rural Cemetery, SouthboroDate permit issued March 23, 1977Certified by Thurston G. Powell M. D.

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No. 3-17**BURIAL (OR REMOVAL) PERMIT***This coupon to be returned immediately, properly endorsed*to Agent - Brad R. White
(Office issuing permit)City or Town of Southboro Mass.Name of deceased John Mackie Melnea U. S. War Veteran, specify what war, organization, etc.
ENDORSEMENT*(To be filled in by cemetery or crematory official)*

I hereby certify that the body accompanying this permit was disposed of in accordance with its terms

Rural Cemetery Southboro
(Name of cemetery or crematory) (City or town)March 23, 1977 - 2:00 P.M.Certified by So. Boro. Sept.
(Signature of Superintendent, cemetery or crematory)

If there is no officer in charge, undertaker should sign and return this stub.

No. 5-77**BURIAL (OR REMOVAL) PERMIT***Stub to be retained by officer issuing permit*Issued to Donald MorrisName of Deceased Richard GreyAge 49 years 3 months 27 daysPlace of death 31 Main St, SouthboroDate of death April 20, 1977Cause of death Carcinomatosis
Cancer, sigmoidInterment at Rural CemeteryDate permit issued April 21, 1977Certified by Charles W. Peskody M. D.

No.

BURIAL (OR REMOVAL) PERMIT*This coupon to be returned immediately, properly endorsed*to Agent-Board B. Heath
(Office issuing permit)or Town of Southborough Mass.Name of deceased Richard Grey

U. S. War Veteran, specify what war, organization, etc.

WWII U.S. Navy**ENDORSEMENT***(To be filled in by cemetery or crematory official)*I hereby certify that the body accompanying this permit was
used in accordance with its termsRural Cemetery Southboro
(Name of cemetery or crematory) (City or town)April 23 - 1977 11⁰⁰ AMSigned by Leo Buttrick Supt.
(Signature of Superintendent, cemetery or crematory)

If there is no officer in charge, undertaker should sign and return this stub.

No. 6-77

No.

BURIAL (OR REMOVAL) PERMIT*Stub to be retained by officer issuing permit*Issued to Donald C Morris Sr.Name of Deceased James Harned MasseyAge 58 years 11 months 5 daysPlace of death 26 Lynbrook Rd -Date of death 5/4/77Cause of death Sudden death Presumably Coronary SclerosisInterment at Rural Cemetery SouthboroDate permit issued 5/5/77Certified by Timothy P. Stone M. D.**BURIAL (OR REMOVAL) PERMIT***This coupon to be returned immediately, properly endorsed*to Board of Health
(Office issuing permit)or Town of Southboro Mass.Name of deceased James H. Massey

U. S. War Veteran, specify what war, organization, etc.

None**ENDORSEMENT***(To be filled in by cemetery or crematory official)*I hereby certify that the body accompanying this permit was
used of in accordance with its termsRural Cemetery Southboro
(Name of cemetery or crematory) (City or town)May 7 - 1977 - 10:55 AMSigned by Leo Buttrick Sr.
(Signature of Superintendent, cemetery or crematory)

If no officer in charge, undertaker should sign and return this stub.

No. 7-77

BURIAL (OR REMOVAL) PERMIT

Stub to be retained by officer issuing permit

Issued to Donald C Morris

Name of Deceased Berjoubie C. Topalian

Age 15 years 4 months 22 days

Place of death 126 Woodl and Rd Southboro

Date of death 6-11-77

Cause of death Asphyxia by drowning

Interment at Rural Crematory, Worcester

Date permit issued June 13, 1977

Certified by Timothy P. Stone M. D.

No. 7-77

TRIAL (OR REMOVAL) PERMIT

This coupon to be returned immediately, properly endorsed

to Agent - Board of Health
(Office issuing permit)

(Office issuing permit

or Town of Southborough Mass.

U. S. War Veteran, specify what war, organization, etc.

U. S. War Veteran, specify what war, organization, etc.

ENDORSEMENT

(To be filled in by cemetery or crematory official)

hereby certify that the body accompanying this permit was used of in accordance with its terms

RURAL CEMETERY CREMATORY, WORCESTER, MASS

(Name of cemetery or crematory)

(City or town)

JUN 13 1977

ified by Arthur T. Scanlon Jr.
(Signature of Superintendent, cemetery or crematory)

(Signature of Superintendent, cemetery or crematory)

ere is no officer in charge, undertaker should sign and return this stub.

No. 8-17**BURIAL (OR REMOVAL) PERMIT***Stub to be retained by officer issuing permit*Issued to Douglas C MorrisName of Deceased William James SullivanAge 25 years 6 months 16 daysPlace of death On embankment off Cordaville RdDate of death July 3, 1977Cause of death Sudden death - skull fractureInterment at Rural CemeteryDate permit issued July 7, 1977Certified by Timothy P Stone M. D.No. 8-17**BURIAL (OR REMOVAL) PERMIT***This coupon to be returned immediately, properly endorsed*to Agent - Board of Health
(Office issuing permit)City or Town of Southborough Mass.Name of deceased William James Sullivan
If a U. S. War Veteran, specify what war, organization, etc.**ENDORSEMENT***(To be filled in by cemetery or crematory official)*I hereby certify that the body accompanying this permit was
disposed of in accordance with its termsRural Cemetery Southboro
(Name of cemetery or crematory) (City or town)July 8 - 1977 - 9:50 AMCertified by For Buttery
(Signature of Superintendent, cemetery or crematory)

If there is no officer in charge, undertaker should sign and return this stub.

No. 9-77No. 9-77**BURIAL (OR REMOVAL) PERMIT**

Stub to be retained by officer issuing permit

Issued to John P. RoweName of Deceased William J. CampbellAge 40 years 11 months 19 daysPlace of death 3 Strawberry Hill Rd
Southborough 8-16-77Date of death Asphyxiation by hangingCause of death Depressed patient found hanging
in tree behind her houseInterment at Rural Cemetery - SouthboroDate permit issued 8/17/77Certified by Robert Rittenhouse M. D.**BURIAL (OR REMOVAL) PERMIT**

This coupon to be returned immediately, properly endorsed

to Agent - Board of Health
(Office issuing permit)or Town of Southborough Mass.of deceased William J. Campbell Jr.
U. S. War Veteran, specify what war, organization, etc.**ENDORSEMENT**

(To be filled in by cemetery or crematory official)

I hereby certify that the body accompanying this permit was
deposited in accordance with its termsRural Cemetery Southboro
(Name of cemetery or crematory) (City or town)August 19-1977 - 11:15 AMSigned by Leo Butenay
(Signature of Superintendent, cemetery or crematory)

If no officer in charge, undertaker should sign and return this stub.

No. 10-77**BURIAL (OR REMOVAL) PERMIT***Stub to be retained by officer issuing permit*Issued to William E. WallaceName of Deceased Ernest Alfred DeaneAge 91 years 0 months 24Place of death 120 Deerfoot Rd - DoverDate of death November 17, 1977Cause of death Cerebral ThrombosisInterment at Hope Cemetery - WorcesterDate permit issued Nov 17, 1977Certified by Timothy P Stone

R-309

No.

BURIAL (OR REMOVAL) PERMIT*This coupon to be returned immediately, properly endorsed*to Board of Health
(Office issuing permit)City or Town of Southboro Mass.Name of deceased Rhonda Ann Peters

If a U. S. War Veteran, specify what war, organization, etc.

None**ENDORSEMENT***(To be filled in by cemetery or crematory official)*

I hereby certify that the body accompanying this permit was disposed of in accordance with its terms

at RURAL CEMETERY CREMATORY, WORCESTER, MAS.
(Name of cemetery or crematory) (City or town)on OCT 12 1977Certified by Arthur T. Scanlon Jr.
(Signature of Superintendent, cemetery or crematory)

If there is no officer in charge, undertaker should sign and return this stub.

No. 10-77**BURIAL (OR REMOVAL) PERMIT***Stub to be retained by officer issuing permit*Issued to Donald C. MorrisName of Deceased Roger R. ScannellAge 42 years 4 months 16 daysPlace of death In field about 3/8 miles behind 34 Marble RdDate of death November 26, 1977Cause of death Suicide: Carbon MonoxideInterment at Asphyxia in car
Evergreen St - MarbleheadDate permit issued 11/28/77Certified by Timothy P. Stone M. D.No. 10-77**BURIAL (OR REMOVAL) PERMIT***This coupon to be returned immediately, properly endorsed*to Agent - Donald B. Hayes
(Office issuing permit)or Town of Southborough Mass.Name of deceased Roger R. Scannell

U. S. War Veteran, specify what war, organization, etc.

served in U.S. Marine Corps.**ENDORSEMENT***(To be filled in by cemetery or crematory official)*I hereby certify that the body accompanying this permit was
used of in accordance with its termsEvergreen Cem. sec D, row I, 15
(Name of cemetery or crematory) (City or town)Nov. 29, 1977Signed by Kenneth L. Vaillancourt
(Signature of Superintendent, cemetery or crematory)

If there is no officer in charge, undertaker should sign and return this stub.

No. 12-77**BURIAL (OR REMOVAL) PERMIT***Stub to be retained by officer issuing permit*Issued to Donald C MorrisName of Deceased Alfred O. LaFreniere SrAge 62 years 10 months 5 daysPlace of death 193 Woodland RoadDate of death November 30, 1977Cause of death Carcinomatosis, Adenocarcinoma Bladder, UremiaInterment at Rural CemeteryDate permit issued December 2, 1977Certified by Charles Newton Peabody M. D.No. 12-7**BURIAL (OR REMOVAL) PERMIT***This coupon to be returned immediately, properly endorsed*to Board of Health Agent
(Office issuing permit)Town of Southborough Mass.Deceased Alfred O. LaFreniere Sr.

S. War Veteran, specify what war, organization, etc.

T/5 Co. I 21st Engineer

ENDORSEMENT*(To be filled in by cemetery or crematory official)*I hereby certify that the body accompanying this permit was
deposited in accordance with its termsRural Cemetery Southboro
(Name of cemetery or crematory) (City or town)December 3-1977 11:45 AMSigned by Joe Buttrick, Supt.
(Signature of Superintendent, cemetery or crematory)

If no officer in charge, undertaker should sign and return this stub.

No. 13-77No. 13-77**BURIAL (OR REMOVAL) PERMIT**

Stub to be retained by officer issuing permit

Issued to Robert P. NortonName of Deceased Neil John CameronAge 67 years 9 months 3 daysPlace of death 23 Walnut Drive, SouthboroDate of death December 18, 1977Cause of death Sudden death, presumably
Coronary SclerosisInterment at Princeville Cemetery, Princeville
N.S. CanadaDate permit issued December 18, 1977

Certified by M. D.

BURIAL (OR REMOVAL) PERMIT

This coupon to be returned immediately, properly endorsed

to Board of Health - Agent
(Office issuing permit)or Town of Southborough Mass.Name of deceased NEIL JOHN CAMERON

U. S. War Veteran, specify what war, organization, etc.

ENDORSEMENT

(To be filled in by cemetery or crematory official)

I hereby certify that the body accompanying this permit was
received in accordance with its termsPrinceville Cemetery, Princeville, N.S.
(Name of cemetery or crematory) (City or town)December 21, 1977Signed by DENNIS HAVERSTOCK FUNERAL HOMES LTD.
(Signature of Superintendent, cemetery or crematory)Per: Carol Haverstock
If there is no officer in charge, undertaker should sign and return this stub.

No. 14-77**BURIAL (OR REMOVAL) PERMIT**

Stub to be retained by officer issuing permit

Issued to William E Wallace JrName of Deceased Nellie (Wells) DugardAge 86 years 2 months 23 daysPlace of death 120 Deerfoot Rd, South HadDate of death December 25, 1977Cause of death Arteriosclerosis (1977)Interment at Hope Cemetery WorcesterDate permit issued Dec 27, 1977Certified by Marilyn Meserve M. D.No. 53293**BURIAL (OR REMOVAL) PERMIT**

This coupon to be returned immediately, properly endorsed

to BOARD OF HEALTH
(Office issuing permit)or Town of South Had Mass.of deceased NELLIE (Wells) DUGARD

U. S. War Veteran, specify what war, organization, etc.

ENDORSEMENT

(To be filled in by cemetery or crematory official)

I hereby certify that the body accompanying this permit was
received in accordance with its termsHope Cemetery

(Name of cemetery or crematory)

(City or town)

December 27, 1977Signed by James P. DeCoursey
(Signature of Superintendent, cemetery or crematory)

If no officer in charge, undertaker should sign and return this

No. 1-78No. 11-78**BURIAL (OR REMOVAL) PERMIT***Stub to be retained by officer issuing permit*Issued to Donald C MorrisName of Deceased Florence (Richards) JohnsonAge 65 years 3 months 11 daysPlace of death 172 Middle Rd SouthboroDate of death 8/29/78Cause of death Heart disease coronary
sclerosis, (found dead in bed) SouthboroInterment at Rural CemeteryDate permit issued August 31, 1978Certified by Robert Rittenhouse M. D.**BURIAL (OR REMOVAL) PERMIT***This coupon to be returned immediately, properly endorsed*to Agent - Board of Health
(Office issuing permit)Town of Southboro Mass.of deceased FLORENCE JOHNSON
S. War Veteran, specify what war, organization, etc.**ENDORSEMENT***(To be filled in by cemetery or crematory official)*reby certify that the body accompanying this permit was
ed of in accordance with its termsRural Cemetery Southboro
(Name of cemetery or crematory) (City or town)September 1, 1978 10:40 AMed by For Outgoing: Supt.
(Signature of Superintendent, cemetery or crematory)

e is no officer in charge, undertaker should sign and return this stub.

No. 2-78**BURIAL (OR REMOVAL) PERMIT**

Stub to be retained by officer issuing permit

Issued to Donald C. MorrisName of Deceased Gunnar FybergAge 65 years 9 months 24 daysPlace of death 242 Turnpike Rd
Forsyth, N.H.Date of death October 1, 1978Cause of death Adenocarcinoma, lung, rightInterment at Rural CemeteryDate permit issued October 2, 1978Certified by Timothy P. Stone M. D.No. 12-78**BURIAL (OR REMOVAL) PERMIT**

This coupon to be returned immediately, properly endorsed

to Agent - Board of Health
(Office issuing permit)or Town of Southborough Mass.Name of deceased Gunnar W. Fyberg

U. S. War Veteran, specify what war, organization, etc.

None**ENDORSEMENT**

(To be filled in by cemetery or crematory official)

I hereby certify that the body accompanying this permit was
received in accordance with its termsRural Cemetery, Southboro
(Name of cemetery or crematory) (City or town)October 4-1978 - 11:45 AMSigned by For Board of Health
(Signature of Superintendent, cemetery or crematory)

If no officer in charge, undertaker should sign and return this stub.

No. 3-78**BURIAL (OR REMOVAL) PERMIT***Stub to be retained by officer issuing permit*Issued to John P. RoweName of Deceased Annie Laura (Sharp) NealeAge 76 years 2 months 22 daysPlace of death Hyannis MassDate of death August 2, 1978Cause of death Just buried in SouthboroInterment at Gormilwood, Dudley, EnglandDate permit issued December 2, 1978

Certified by M. D.

FOR USE BY
PHYSICIANS AND
MEDICAL EXAMINERS

STANDARD CERTIFICATE OF DEATH
DEPARTMENT OF PUBLIC HEALTH
REGISTRY OF VITAL RECORDS AND STATISTICS

03486

INSTRUCTIONS HERE

() AND ON
REVERSE SIDE

13 months old
1978

ITEM #'s 1 to 19 to be completed ONLY by funeral director.
ITEM #'s 20 to 27 to be completed by certifier.

CERTIFIER to complete ITEM #'s 1R to 4R on REVERSE side.
ALL ITEMS MUST BE LEGIBLY PRINTED OR TYPEWRITTEN IN BLACK INK.

DECEDENT

INFORMANT

DISPOSITION

CAUSE OF DEATH

CERTIFIER

DECEDENT - NAME FIRST		MIDDLE		LAST		SEX	DATE OF DEATH (Mo., Day, Yr.)	
1 Clarence E. Mackey						2 Male	3 May 5, 1980	
PLACE OF DEATH (CITY OR TOWN)				COUNTY OF DEATH		HOSPITAL OR OTHER INSTITUTION - Name (If not in either, give street and number)		
4a Boston				4b Suffolk		4c West Roxbury V. A. Hospital		
RACE - (e.g., White, Black, American Indian, etc.) (Specify)		AGE - Last Birthday (Yrs.)		UNDER 1 YEAR		UNDER 1 DAY		DATE OF BIRTH (Mo., Day, Yr.)
5 White		6a 51		6b MOS DAYS		6c HOURS MINS		7 June 20, 1928
MARRIED, NEVER MARRIED, WIDOWED OR DIVORCED		SURVIVING SPOUSE (If wife, give maiden name)				USUAL OCCUPATION (Prior - If Retired)		KIND OF BUSINESS OR INDUSTRY
9 Married		Ellen (nee Gulugauskas)				1a Foreman		11b Trading Stamp CO
SOCIAL SECURITY NUMBER		IF U.S. WAR VETERAN, SPECIFY WAR		RESIDENCE - STREET AND NUMBER, CITY OR TOWN, COUNTY, STATE, ZIP CODE				
12 723 124385		13 WW2		14 95 Cedar St. Framingham, Ma. 01701				
FATHER - FULL NAME		STATE OF BIRTH (If not in U.S.A. name country)		MOTHER - NAME (GIVEN) (MAIDEN)		STATE OF BIRTH (If not in U.S.A. name country)		
15a Clarence E. Mackey		15b N. Y.		16a Grace Trudeau		16b N. Y.		
INFORMANT - NAME AND ADDRESS								RELATIONSHIP
17a Ellen Mackey 95 Cedar St. Framingham, Ma.								17b Wife
TYPE OF DISPOSITION (Specify Burial, Cremation, Other)		DATE OF DISPOSITION		PLACE OF DISPOSITION		LOCATION CITY OR TOWN STATE		
18a Burial		18b May 8/1980		18c Rural Cemetery		18d Southboro, Ma.		
FUNERAL SERVICE LICENSEE Or Person Acting As Such		NAME OF FACILITY		ADDRESS OF FACILITY				
19a Joseph F. Everett		19b John Everett & Sons		19c 4 Park St. Natick, Ma				
20 IMMEDIATE CAUSE (ENTER ONLY ONE CAUSE PER LINE FOR (a), (b), AND (c).) (PRINT OR TYPE LEGIBLY)								Interval between onset and death
PART I (a) Amyotrophic Lateral Sclerosis								2 years
DUE TO, OR AS A CONSEQUENCE OF								Interval between onset and death
(b)								Interval between onset and death
DUE TO, OR AS A CONSEQUENCE OF								Interval between onset and death
(c)								Interval between onset and death
PART II OTHER SIGNIFICANT CONDITIONS - Conditions contributing to death but not related to cause given in Part I(a)						AUTOPSY (Yes or No)		WAS CASE REFERRED TO MED EXAM (Yes or No)
						21 No		22 No
ACC., SUICIDE, HOM., UNDET OR PENDING INVEST (Specify)		DATE OF INJURY (Mo., Day, Yr.)		HOUR OF INJURY		DESCRIBE HOW INJURY OCCURRED		
23 No		24a		24b M		24c		
INJURY AT WORK (Specify Yes or No)		PLACE OF INJURY - At home, farm, street, factory, office building, etc (Specify)		LOCATION		STREET		CITY OR TOWN STATE
24d No		24e		24f				
25a To the best of my knowledge, death occurred at the time, date and place and due to the cause(s) stated				26a On the basis of examination and/or investigation, in my opinion death occurred at the time, date and place and due to the cause(s) stated				
(Signature and Title) James Kirshenbaum M.D.				(Signature and Title)				
DATE SIGNED (Mo., Day, Yr.)				DATE SIGNED (Mo., Day, Yr.)				
HOUR OF DEATH				HOUR OF DEATH				
25b May 5, 1980				25c 4:10 AM				
NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or Print)				26b PRONOUNCED DEAD (Mo., Day, Yr.)				
25d				26c PRONOUNCED DEAD (Hour)				
				26d ON				
				26e AT				
				26f M				
NAME AND ADDRESS OF CERTIFYING PHYSICIAN OR MEDICAL EXAMINER (Type or Print)								
27 James Kirshenbaum M.D. VA Medical Center West Roxbury Mass. 02132								
28 I HEREBY CERTIFY that a satisfactory standard certificate of death was filed with me BEFORE the burial or transit permit was issued:								
29 RECEIVED AND FILED IN THE CITY OR TOWN OF BOSTON MAY 8 1980								
(CLERK'S SIGNATURE) William J. Kane								

No. 5-78**BURIAL (OR REMOVAL) PERMIT**

Stub to be retained by officer issuing permit

Issued to Peter WadsworthName of Deceased Laura (Berry) OffuttAge 88 years 9 months 13 daysPlace of death 77 Deerfoot Road SouthboroughDate of death December 5, 1978Cause of death Cerebral Thrombosis + Emphysema
Arteriosclerosis - MIInterment at Newton Crematory, NewtonDate permit issued December 7, 1978Certified by Timothy P. Stone M. D.

009

No. 5-78**BURIAL (OR REMOVAL) PERMIT**

This coupon to be returned immediately, properly endorsed

to Agnd - Board of Health
(Office issuing permit)City or Town of Southborough Mass.Name of deceased Laura (Berry) Offutt
a U. S. War Veteran, specify what war, organization, etc.**REMOVED****ENDORSEMENT**

(To be filled in by cemetery or crematory official)

I hereby certify that the body accompanying this permit was
disposed of in accordance with its terms**NEWTON CEMETERY & CREMATORY**

(Name of cemetery or crematory)

(City or town)

December 8, 1978Certified by Ray P. Killian
(Signature of Superintendent, Cemetery or Crematory)

there is no officer in charge, undertaker should sign and return this stub.

No. 2-79**BURIAL (OR REMOVAL) PERMIT***Stub to be retained by officer issuing permit*Issued to Dorcas C MorrisName of Deceased George Franklin BoutilierAge 108 years 10 months 2 daysPlace of death 198 Southville RdDate of death February 19, 1979Cause of death quietly at home presumably coronary sclerosisInterment at Rural Crematory WorcesterDate permit issued February 21, 1979Certified by Timothy P. Stone M. D.No. 79-3**BURIAL (OR REMOVAL) PERMIT***This coupon to be returned immediately, properly endorsed*to Agent Board of Health
(Office issuing permit)City or Town of Southborough Mass.Name of deceased George F. Boutilier

Is a U. S. War Veteran, specify what war, organization, etc.

None**ENDORSEMENT***(To be filled in by cemetery or crematory official)*I hereby certify that the body accompanying this permit was
disposed of in accordance with its termsRURAL CEMETERY CREMATORY, WORCESTER, MASS

(Name of cemetery or crematory)

(City or town)

FEB 21 1979Certified by Arthur T. Scanlon Jr.
(Signature of Superintendent, cemetery or crematory)

If there is no officer in charge, undertaker should sign and return this stub.

No. 99-3**BURIAL (OR REMOVAL) PERMIT***Stub to be retained by officer issuing permit*Issued to W. Craig DolanName of Deceased Mrs Mary T. McCallAge 78 years months daysPlace of death 2 Hill Top Rd, SuttonDate of death March 11, 1979Cause of death Chronic Obst Lung DiseaseInterment at Milton Cemetery, Milton, MassDate permit issued March 12, 1979Certified by E. Abramson M. D.No. 79-3**BURIAL (OR REMOVAL) PERMIT***This coupon to be returned immediately, properly endorsed*to Agent Board of Health
(Office issuing permit)City or Town of Southborough Mass.Name of deceased Mary T. McCall

If a U. S. War Veteran, specify what war, organization, etc.

ENDORSEMENT*(To be filled in by cemetery or crematory official)*

I hereby certify that the body accompanying this permit was disposed of in accordance with its terms

at Milton Cemetery, Milton, MA
(Name of cemetery or crematory) (City or town)on 3/14/79Certified by John E. Corwin, Supt. (D.E.C.)
(Signature of Superintendent, cemetery or crematory)

If there is no officer in charge, undertaker should sign and return this stub.

No. 79-4**BURIAL (OR REMOVAL) PERMIT**

Stub to be retained by officer issuing permit

Issued to Donald C MorrisName of Deceased Elaine Mary (Harris) LaptewiczAge 51 years 7 months 12 daysPlace of death 56 Flagg Rd, SouthboroughDate of death March 24, 1979Cause of death Adenocarcinoma of OvaryInterment at Rural CemeteryDate permit issued March 27, 1979Certified by Timothy P. Stone M. D.No. 79-4**BURIAL (OR REMOVAL) PERMIT**

This coupon to be returned immediately, properly endorsed

to Agent - Board of Health
(Office issuing permit)or Town of Southborough Mass.Name of deceased Elaine Laptewicz (nee Harris)

U. S. War Veteran, specify what war, organization, etc.

ENDORSEMENT

(To be filled in by cemetery or crematory official)

I hereby certify that the body accompanying this permit was
used of in accordance with its termsRural Cemetery Southboro
(Name of cemetery or crematory) (City or town)March 27, 1979 - 11 04 AMSigned by Lee Buttrick Supt.
(Signature of Superintendent, cemetery or crematory)

If there is no officer in charge, undertaker should sign and return this stub.

No. 79-5**BURIAL (OR REMOVAL) PERMIT***Stub to be retained by officer issuing permit*Issued to Richard P CaldwellName of Deceased Gordon A CowernAge 71 years 5 months 9 daysPlace of death Southboro MassDate of death August 6, 1979Cause of death Asphyxiation by
suicide DrowningInterment at Maplewood Burial Maplewood MassDate permit issued August 7, 1979Certified by Dr Raymond H Connor M. D.No. 79-5**BURIAL (OR REMOVAL) PERMIT***This coupon to be returned immediately, properly endorsed*to Agent - Board of Health
(Office issuing permit)or Town of Southborough Mass.Name of deceased Gordon A. Cowern

U. S. War Veteran, specify what war, organization, etc.

WWII Sea Bees U.S. Navy**ENDORSEMENT***(To be filled in by cemetery or crematory official)*I hereby certify that the body accompanying this permit was
disposed of in accordance with its termsMaplewood Cem lot 82
(Name of cemetery or crematory) (City or town)August 9, 1979Signed by Henry J. Vaillancourt
(Signature of Superintendent, cemetery or crematory)

If no officer in charge, undertaker should sign and return this stub.

No. 79-6**BURIAL (OR REMOVAL) PERMIT***Stub to be retained by officer issuing permit*Issued to Donald C. MorrisName of Deceased George H. HauensteinAge 47 years 9 months 25 daysPlace of death 6 Main St SouthboroughDate of death September 23, 1979Cause of death Sudden death Presumably
ThrombosisInterment at Forest Grove Cemetery
Lancaster OhioDate permit issued September 24, 1979Certified by Timothy P. Stone M. D.

No.

BURIAL (OR REMOVAL) PERMIT*This coupon to be returned immediately, properly endorsed*to Agent - Bond D. Heath
(Office issuing permit)City or Town of Southborough Mass. 01772Name of deceased George H. Hauensteina U. S. War Veteran, specify what war, organization, etc.
Korean. U.S. Navy**ENDORSEMENT***(To be filled in by cemetery or crematory official)*I hereby certify that the body accompanying this permit was
disposed of in accordance with its termsForest Rose, Lancaster, Ohio
(Name of cemetery or crematory) (City or town)on September 26th, 1979Certified by John E. Carpenter
(Signature of Superintendent, cemetery or crematory)

If there is no officer in charge, undertaker should sign and return this stub.

No. 39-1No. 80-1**BURIAL (OR REMOVAL) PERMIT***Stub to be retained by officer issuing permit*Issued to Donald C MorrisName of Deceased Olivine Nora FurlongAge 66 years months daysPlace of death 8 Hillside Ave SouthboroDate of death April 13, 1980Cause of death Pulmonary metastases ofInterment at Rural CemeteryDate permit issued April 14, 1980Certified by Timothy P. Stone M. D.**BURIAL (OR REMOVAL) PERMIT***This coupon to be returned immediately, properly endorsed*to Agnes - Board of Health
(Office issuing permit)or Town of Southboro Mass.Name of deceased Olivine Nora FurlongU. S. War Veteran, specify what war, organization, etc.
_____**ENDORSEMENT***(To be filled in by cemetery or crematory official)*I hereby certify that the body accompanying this permit was
disposed of in accordance with its termsRural Cemetery Southboro
(Name of cemetery or crematory) (City or town)April 16-1980 935 AMSigned by See Burial Supt.
(Signature of Superintendent, cemetery or crematory)

If there is no officer in charge, undertaker should sign and return this stub.

No. 89-2**BURIAL (OR REMOVAL) PERMIT***Stub to be retained by officer issuing permit*Issued to Donald C MorrisName of Deceased Elizabeth W HaywardAge 59 years months daysPlace of death 41 Oak Hill Road, SouthboroDate of death April 29, 1980Cause of death Chronic Obstructive Pulmonary Disease, BronchiectasisInterment at Rural Cemetery, SouthboroDate permit issued April 30, 1980Certified by Timothy P Stone M. D.No. 89-2**BURIAL (OR REMOVAL) PERMIT***This coupon to be returned immediately, properly endorsed*to Agent = Beard Heath
(Office issuing permit)City or Town of Southborough Mass.Name of deceased Elizabeth W. Hayward

Is deceased a U. S. War Veteran, specify what war, organization, etc.

None**ENDORSEMENT***(To be filled in by cemetery or crematory official)*

I hereby certify that the body accompanying this permit was used of in accordance with its terms

Rural Cemetery Southboro
(Name of cemetery or crematory) (City or town)May 1-1980 11:30 AMSigned by Timothy P Stone, Supt.
(Signature of Superintendent, cemetery or crematory)

If there is no officer in charge, undertaker should sign and return this stub.

FOR USE BY
PHYSICIANS AND
MEDICAL EXAMINERS

STANDARD CERTIFICATE OF DEATH
DEPARTMENT OF PUBLIC HEALTH
REGISTRY OF VITAL RECORDS AND STATISTICS

03486

INSTRUCTIONS HERE

AND ON
REVERSE SIDE

DECEDENT

INFORMANT

DISPOSITION

CAUSE OF DEATH

CERTIFIER

DECEDENT - NAME FIRST MIDDLE LAST		SEX		DATE OF DEATH (Mo., Day, Yr.)	
1 Clarence E. Mackey		2 Male		3 May 5, 1980	
PLACE OF DEATH (CITY OR TOWN)		COUNTY OF DEATH		HOSPITAL OR OTHER INSTITUTION - Name (If not in either, give street and number)	
4a Boston		4b Suffolk		4c West Roxbury V. A. Hospital	
RACE - (e.g., White, Black, American Indian, etc.) (Specify)		AGE - Last Birthday (Yrs.)		DATE OF BIRTH (Mo., Day, Yr.)	
5 White		6a 51		7 June 20, 1928	
MARRIED, NEVER MARRIED, WIDOWED OR DIVORCED		SURVIVING SPOUSE (If wife, give maiden name)		USUAL OCCUPATION (Prior - If Retired)	
9 Married		Ellen (nee Gulugauskas)		1a Foreman	
SOCIAL SECURITY NUMBER		IF U.S. WAR VETERAN, SPECIFY WAR		RESIDENCE - STREET AND NUMBER, CITY OR TOWN, COUNTY, STATE; ZIP CODE	
12 723 124385		13 WW2		14 95 Cedar St. Framingham, Ma. 01701	
FATHER - FULL NAME		STATE OF BIRTH (If not in U.S.A., name country)		MOTHER - NAME (GIVEN MAIDEN)	
15a Clarence E. Mackey		15b N. Y.		16a Grace Trudeau	
INFORMANT - NAME AND ADDRESS				RELATIONSHIP	
17a Ellen Mackey 95 Cedar St. Framingham, Ma.				17b Wife	
TYPE OF DISPOSITION (Specify Burial, Cremation, Other)		DATE OF DISPOSITION		PLACE OF DISPOSITION	
18a Burial		18b May 8/1980		18c Rural Cemetery	
FUNERAL SERVICE LICENSEE Or Person Acting As Such		NAME OF FACILITY			
19a Joseph F. Everett		19b John Everett & Sons			
20 IMMEDIATE CAUSE (ENTER ONLY ONE CAUSE PER LINE FOR (a), (b), AND (c). (PRINT OR TYPE LEGIBLY)		Interval between onset and death			
PART I (a) Amyotrophic Lateral Sclerosis		2 years			
(b) DUE TO, OR AS A CONSEQUENCE OF		Interval between onset and death			
(c) DUE TO, OR AS A CONSEQUENCE OF		Interval between onset and death			
PART II OTHER SIGNIFICANT CONDITIONS - Conditions contributing to death but not related to cause given in Part I(a)				AUTOPSY (Yes or No)	
				21 No	
				22 No	
ACC., SUICIDE, HOM., UNDET. OR PENDING INVEST (Specify)		DATE OF INJURY (Mo., Day, Yr.)		HOUR OF INJURY	
23 No		24a		24b M	
INJURY AT WORK (Specify Yes or No)		PLACE OF INJURY - At home, farm, street, factory, office building, etc. (Specify)		DESCRIBE HOW INJURY OCCURRED	
24d No		24e		24f	
25a To the best of my knowledge, death occurred at the time, date and place and due to the cause(s) stated		26a On the basis of examination and/or investigation, in my opinion death occurred at the time, date and place and due to the cause(s) stated			
(Signature and Title) James Kirshenbaum M.D.		(Signature and Title)			
DATE SIGNED (Mo., Day, Yr.)		HOUR OF DEATH		DATE SIGNED (Mo., Day, Yr.)	
25b May 5, 1980		25c 4:10 AM		26b	
NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or Print)		PRONOUNCED DEAD (Mo., Day, Yr.)		PRONOUNCED DEAD (Hour)	
25d		26d ON		26e AT	
NAME AND ADDRESS OF CERTIFYING PHYSICIAN OR MEDICAL EXAMINER (Type or Print)					
27 James Kirshenbaum M.D. VA Medical Center, West Roxbury, Mass. 02132					
28 I HEREBY CERTIFY that a satisfactory standard certificate of death was filed with me BEFORE the burial or transit permit was issued.			29 RECEIVED AND FILED IN THE CITY OR TOWN OF		
7.R Grace H.A.M. 23321			5-6-80		
(SIGNATURE - TITLE)			(CLERK'S SIGNATURE)		

ITEM #1 to 19 to be completed ONLY by funeral director.
ITEM #20 to 27 to be completed by certifier.
CERTIFIER to complete ITEM #1 to 4R on REVERSE side.
ALL ITEMS MUST BE LEGIBLY PRINTED OR TYPEWRITTEN IN BLACK INK.

MAY 8 1980

No. 80-**BURIAL (OR REMOVAL) PERMIT***Stub to be retained by officer issuing permit*Issued to Donald C MorrisName of Deceased Elwin W RobbinsAge 70 years months daysPlace of death 49 Boston Rd SouthboroDate of death May 12, 1980Cause of death Chronic Pneumothorax Disease
Chronic Obstructive PulmonaryInterment at Rural CemeteryDate permit issued May 14, 1980Certified by Lindley B Stone M. D.No. 80-3**BURIAL (OR REMOVAL) PERMIT***This coupon to be returned immediately, properly endorsed*to Agent - Board of Health
(Office issuing permit)Town of Southborough Mass.of deceased Elwin W Robbins

S. War Veteran, specify what war, organization, etc.

ENDORSEMENT*(To be filled in by cemetery or crematory official)*reby certify that the body accompanying this permit was
ed of in accordance with its termsBurial Cemetery Southboro
(Name of cemetery or crematory) (City or town)

May 14-1980 - 2:45 PM

ed by L. B. Stone, Sept.
(Signature of Superintendent, cemetery or crematory)

is no officer in charge, undertaker should sign and return this stub.

No.

70-4

BURIAL (OR REMOVAL) PERMIT*Stub to be retained by officer issuing permit*Issued to Donald C. MorrisName of Deceased Vera G. PendletonAge 83 years months daysPlace of death 160 Woodland Rd SouthboroDate of death 6-19-80Cause of death Carcinoma, metastatic
Carcinoma, colonInterment at Rural CemeteryDate permit issued June 19, 1980Certified by Timothy P. Stone M. D.

No.

30-4

BURIAL (OR REMOVAL) PERMIT*This coupon to be returned immediately, properly endorsed*to Agul - Board of Health
(Office issuing permit)Town of Southboro Mass.of deceased Vera G. PendletonS. War Veteran, specify what war, organization, etc.
.....**ENDORSEMENT***(To be filled in by cemetery or crematory official)*reby certify that the body accompanying this permit was
ad of in accordance with its termsBurial Cemetery Southboro
(Name of cemetery or crematory) (City or town)June 20 - 1980 - 10:40 AMed by L. Bunting, Supt.
(Signature of Superintendent, cemetery or crematory)

is no officer in charge, undertaker should sign and return this stub.

No. 80-5
79**BURIAL (OR REMOVAL) PERMIT***Stub to be retained by officer issuing permit*Issued to Woodworth Funeral HomeName of Deceased Daisy Belle ArmstrongAge 76 years 10 months daysPlace of death 12 East Main St. SouthboroDate of death 9/11/80Cause of death Sudden death, presumably
Coronary Arteriosclerosis
To Coronary Heart DiseaseInterment at Rural Cemetery -Date permit issued Sept 12, 1980Certified by Jimmy P. Stone M. D.No. 80-5**BURIAL (OR REMOVAL) PERMIT***This coupon to be returned immediately, properly endorsed*to Agmt. Board of Health
(Office issuing permit)or Town of Southborough Mass.Name of deceased Daisy Belle Armstrong
U. S. War Veteran, specify what war, organization, etc.**ENDORSEMENT***(To be filled in by cemetery or crematory official)*I hereby certify that the body accompanying this permit was
used of in accordance with its termsRural Cemetery Southboro
(Name of cemetery or crematory) (City or town)September 13-1980 12 05 PMSigned by Leo Butters, Supt.
(Signature of Superintendent, cemetery or crematory)

If there is no officer in charge, undertaker should sign and return this stub.

No.

80-6

No.

80-6

BURIAL (OR REMOVAL) PERMIT*Stub to be retained by officer issuing permit*Issued to Donald C MorrisName of Deceased Carl S. AndersonAge 67 years months daysPlace of death 25 Walnut Drive SouthboroDate of death October 3-1980Cause of death Carcinoma lung 142Interment at Cremation - Rural - Worcester
Rural Cemetery -Date permit issued October 4 1980Certified by Timothy P. Stone M. D.**BURIAL (OR REMOVAL) PERMIT***This coupon to be returned immediately, properly endorsed*

to

Agent - Board of Health
(Office issuing permit)or Town of Southborough Mass.Name of deceased Carl S. Anderson Sr.

U. S. War Veteran, specify what war, organization, etc.

None**ENDORSEMENT***(To be filled in by cemetery or crematory official)*I hereby certify that the body accompanying this permit was
disposed of in accordance with its termsRURAL CEMETERY CREMATORY, WORCESTER, MASS.

(Name of cemetery or crematory)

(City or town)

OCT 6 1980

Certified by

Arthur J. Scanlon Jr.
(Signature of Superintendent, cemetery or crematory) S.

If there is no officer in charge, undertaker should sign and return this stub.

No. 80-7**BURIAL (OR REMOVAL) PERMIT**

Stub to be retained by officer issuing permit

Issued to Louise C MorrisName of Deceased Julius J. AkstenAge 70 years months daysPlace of death On route in Amb 49/Boston Rd SouthboroughDate of death Dec 26 - 1980Cause of death Acute Myocardial Infarction
Artero-sclerotic Cardiovascular DiseaseInterment at Rural CemeteryDate permit issued December 28, 1980Certified by Benjamin Matzilewicz M. D.No. 80-7**BURIAL (OR REMOVAL) PERMIT**

This coupon to be returned immediately, properly endorsed

to Aggrav - Board of Health
(Office issuing permit)r Town of Southborough Mass.of deceased Julius J. Aksten

U. S. War Veteran, specify what war, organization, etc.

U. S. II 749th Military Police**ENDORSEMENT**

(To be filled in by cemetery or crematory official)

I hereby certify that the body accompanying this permit was
deposited in accordance with its termsRural Cemetery Southborough
(Name of cemetery or crematory) (City or town)December 30 - 1980 - 11:00 AMSigned by Leo Bortugno, Supt.
(Signature of Superintendent, cemetery or crematory)

If no officer in charge, undertaker should sign and return this stub.

No. 1-81**BURIAL (OR REMOVAL) PERMIT***Stub to be retained by officer issuing permit*Issued to Donald C. MorrisName of Deceased Alfreda Mary O'Connell

Age years months days

Place of death 49 Boston Road SouthboroDate of death January 7 - 1981Cause of death Coronary Thrombosis, presumed
Coronary Heart DiseaseInterment at Lakeview Cemetery Upton MassDate permit issued January 8, 1981
1 - 81No. 1-81**BURIAL (OR REMOVAL) PERMIT***This coupon to be returned immediately, properly endorsed*to Agua Board of Health
(Office issuing permit)City or Town of Southborough Mass.Name of deceased Alfreda Mary O'Connell
if a U. S. War Veteran, specify what war, organization, etc.**ENDORSEMENT***(To be filled in by cemetery or crematory official)*I hereby certify that the body accompanying this permit was
sposed of in accordance with its termsLAKEVIEW CEMETARY UPTON
(Name of cemetery or crematory) (City or town)JANUARY 10, 1981Certified by Dennis O'Connell
(Signature of Superintendent, cemetery or crematory)

There is no officer in charge, undertaker should

No. 2-81**BURIAL (OR REMOVAL) PERMIT**

Stub to be retained by officer issuing permit

Issued to Dorced C MorrisName of Deceased Scott Matthew MacArthurAge 25 years months daysPlace of death 53 Oak Hill Road, SouthboroDate of death Jan 10 - 1981Cause of death Brain maceration
Shotgun injury DepressionInterment at Great Hill Cemetery, Chester T. H.Date permit issued January 12, 1981Certified by Timothy P Stone M. D.No. 2-81**BURIAL (OR REMOVAL) PERMIT**

This coupon to be returned immediately, properly endorsed

to Agent of Board of Health
(Office issuing permit)Town of Southboro Mass.deceased Scott Matthew MacArthur

War Veteran, specify what war, organization, etc.

None**ENDORSEMENT**

(To be filled in by cemetery or crematory official)

by certify that the body accompanying this permit was
of in accordance with its termsat Nice Cemetery, Chester T. H.
(Name of cemetery or crematory) (City or town)Jan 12, 1981by Maurice G. Colman
(Signature of Superintendent, cemetery or crematory)C - LOT 5-B-B-5 SEC. 5A

If no officer in charge, undertaker should sign and return this stub.

No. 3-81**BURIAL (OR REMOVAL) PERMIT***Stub to be retained by officer issuing permit*Issued to Donald C MooreName of Deceased Russell Wallace NeumanAge 61 years months daysPlace of death 7 Redgate Lane, SmithboroughDate of death 2-8-81Cause of death Depression Cerebral maceration,
massive Gun shot
wound, self inflictedInterment at Rural - Crematory - Worcester -
Rural - S.Date permit issued 2/10/81Certified by Timothy R. Stone, M.D. M. D.

No.

BURIAL (OR REMOVAL) PERMIT*This coupon to be returned immediately, properly endorsed*to Agent - Board of Health
(Office issuing permit)City or Town of Smithborough Mass.Name of deceased Neuman

Is deceased a U. S. War Veteran, specify what war, organization, etc.

World War II**ENDORSEMENT***(To be filled in by cemetery or crematory official)*

I hereby certify that the body accompanying this permit was disposed of in accordance with its terms

RURAL CEMETERY CREMATORY, WORCESTER, MASS.

(Name of cemetery or crematory)

(City or town)

FEB 10 1981

Certified by Arthur T. Stanton Jr.
(Signature of Superintendent, cemetery or crematory) S.

If there is no officer in charge, undertaker should sign and return this stub.

No. 4-81**BURIAL (OR REMOVAL) PERMIT***Stub to be retained by officer issuing permit*Issued to Donald C MorrisName of Deceased Donald UrbinatiAge 71 years months daysPlace of death 6 Maple St SouthboroughDate of death February 12, 1981Cause of death Coronary Thrombosis PresumedInterment at Rural Cemetery - SouthboroDate permit issued 2/15/81No. 2-81**BURIAL (OR REMOVAL) PERMIT***This coupon to be returned immediately, properly endorsed*to Agent - Board of Health
(Office issuing permit)or Town of Southboro Mass.Name of deceased Arnold Urbinati

U. S. War Veteran, specify what war, organization, etc.

None**ENDORSEMENT***(To be filled in by cemetery or crematory official)*I hereby certify that the body accompanying this permit was
received in accordance with its termsRural Cemetery Southboro
(Name of cemetery or crematory) (City or town)February 16 - 1981 - 11¹⁵ AMSigned by Joe Burtz Supt.
(Signature of Superintendent, cemetery or crematory)

If no officer in charge, undertaker should sign and return this stub.

No. 81-5**BURIAL (OR REMOVAL) PERMIT**

Stub to be retained by officer issuing permit

Issued to Robert D Gould Funeral Home IncName of Deceased Mark L. LavoieAge 20 years months daysPlace of death Turnpike Rd SouthboroDate of death June 18, 1981Cause of death Fracture Skull, MassiveInterment at Accident automobile in Boylston
St. Vernon CemeteryDate permit issued June 20 - 1981Certified by Timothy P Stone M. D.No. 81-5**BURIAL (OR REMOVAL) PERMIT**

This coupon to be returned immediately, properly endorsed

to Agul - Board & Board
(Office issuing permit)Town of Southborough Mass.of deceased Mark L. Lavoie

S. War Veteran, specify what war, organization, etc.

ENDORSEMENT

(To be filled in by cemetery or crematory official)

We hereby certify that the body accompanying this permit was
received in accordance with its termsTOWN OF WEST BOYLSTON
MASSACHUSETTS(Name of cemetery or crematory) MOUNT VERNON CEMETERY (City or town)01503Signed by Clara F. G. 3rd
(Signature of Superintendent, cemetery or crematory)

If no officer in charge, undertaker should sign and return this stub.

No. 6-81No. 81-6**BURIAL (OR REMOVAL) PERMIT***Stub to be retained by officer issuing permit*

Issued to

Donald C Morris

Name of Deceased

Ruth A. Sputtoni

Age

80

years

months

days

Place of death

55 Springfield Jayville

Date of death

June 21, 1981

Cause of death

Carcinoma, Pancreas

Interment at

Rural Cemetery

Date permit issued

June 23, 1981

Certified by

Timothy P Stone

M. D.

BURIAL (OR REMOVAL) PERMIT*This coupon to be returned immediately, properly endorsed*

to

Agent Board R. Heath
(Office issuing permit)

Town of

Southborough

Mass.

of deceased

Ruth A. Sputtoni

S. War Veteran, specify what war, organization, etc.

None**ENDORSEMENT***(To be filled in by cemetery or crematory official)*We hereby certify that the body accompanying this permit was
of in accordance with its termsRural Cemetery

(Name of cemetery or crematory)

Southboro

(City or town)

June 24 - 1981 ~ 11:00 A.M.

by

Leo Buttery, Sup't. of Cemeteries

(Signature of Superintendent, cemetery or crematory)

If no officer in charge, undertaker should sign and return this stub.

No. 7-81**BURIAL (OR REMOVAL) PERMIT***Stub to be retained by officer issuing permit*Issued to Donald C. MorrisName of Deceased Mary L. BauldAge 13 years months daysPlace of death 12 Pleasant St. Taynville, MassDate of death July 31, 1981Cause of death Bronchial Pneumonia - 3 days
Cardiac CompensationInterment at Metastatic Ca Breast
Rural CemeteryDate permit issued August 2-1981Certified by Antonio A. Matrone - M. D.No. 81-9**BURIAL (OR REMOVAL) PERMIT***This coupon to be returned immediately, properly endorsed*to Agnes D. Heath
(Office issuing permit)City or Town of Southborough Mass.Name of deceased Mary L. Bauld

U. S. War Veteran, specify what war, organization, etc.

None**ENDORSEMENT***(To be filled in by cemetery or crematory official)*I hereby certify that the body accompanying this permit was
used of in accordance with its termsRural Cemetery, Southboro, Mass.
(Name of cemetery or crematory) (City or town)August 4, 1981 - 11:00 AMSigned by Leo Bateman, Supt.
(Signature of Superintendent, cemetery or crematory)

If there is no officer in charge, undertaker should sign and return this stub.

No. 81-8**BURIAL (OR REMOVAL) PERMIT***Stub to be retained by officer issuing permit*Issued to Donald C MorrisName of Deceased Robert Joseph ZilioliAge 45 years months daysPlace of death 76 Mt Victory RoadDate of death Sept 20 - 1981Cause of death Cancer of the Liver with metastasesInterment at Rural CemeteryDate permit issued Sept 22, 1981Certified by Dr Jack Leitner M. D.No. 81-8**BURIAL (OR REMOVAL) PERMIT***This coupon to be returned immediately, properly endorsed*to Agent - Board of Health
(Office issuing permit)City or Town of Southborough Mass.Name of deceased Robert J. Zilioli

Is deceased a U. S. War Veteran, specify what war, organization, etc.

None**ENDORSEMENT***(To be filled in by cemetery or crematory official)*

I hereby certify that the body accompanying this permit was disposed of in accordance with its terms

Rural Cemetery Southboro
(Name of cemetery or crematory) (City or town)September 22-1981 - 10 45 AMCertified by Dr. Leitner Sept.
(Signature of Superintendent, cemetery or crematory)

If there is no officer in charge, undertaker should sign and return this stub.